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CONFIRMATION NO. 3564

<b>SERIAL NUMBER</b> 10/802,225	<b>FILING OR 371(c) DATE</b> 03/16/2004 <b>RULE</b>	<b>CLASS</b> 264	<b>GROUP ART UNIT</b> 1744	<b>ATTORNEY DOCKET NO.</b> ACSC 68062 (2242XXD)
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 09/733,120 12/08/2000 ABN  
 which is a CIP of 09/295,694 04/21/1999 PAT 6,488,688  
 which is a CIP of 09/063,969 04/21/1998 PAT 6,287,314

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 06/03/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 4	<b>INDEPENDENT CLAIMS</b> 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

24201

**TITLE**

METHOD OF MAKING A NON-COMPLIANT BALLOON FOR A CATHETER

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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